

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6		3				
7	1		1			
8		1				
9		2				
10		2				
11		2				
12		2				
13		1				
14	1		1			
15		1				
16		2				
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50						
TOTAL IND.			4			
TOTAL DEP.			18			
TOTAL CLAIMS			22			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
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TOTAL CLAIMS						